

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34947**
Registrar's No. **8683**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8683	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 26 1519 N. 14th St.			
3. NAME OF DECEASED (Type or Print) Henrietta		a. (First)		b. (Middle)		c. (Last) Booker	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1949		5. SEX FEMALE		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 2-9-1893		9. AGE (In years last birthday) 56		10. MONTHS 7		11. DAYS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carrollton, Miss.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME STEPHEN McCaskill		13b. MOTHER'S MAIDEN NAME Henrietta McCaskill		14. NAME OF HUSBAND OR WIFE Robert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 4136 DEL MAR			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma with Metastases ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH Undet.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 10-5	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X					
22. I hereby certify that I attended the deceased from 10-1 , 1949, to 10-5 , 1949, that I last saw the deceased alive on 10-5 , 1949, and that death occurred at 2:15pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Hedrick M.D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 10-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-10-49		24c. NAME OF CEMETERY OR CREMATORY OLKDALE		24d. LOCATION (City, town, or county) (State) St. Louis County MO.	
DATE REC'D BY LOCAL REG. OCT 8 1949		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Bernie Love 3183 Washington			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.